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DEVELOPMENT AND INTERNATIONAL ECONOMIC COOPERATION

Prevention and control of acquired immune deficiency syndrome (AIDS)

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly and to the Economic and Social Council, as an annex to the present note, the report of the Director-General of the World Health Organization on the implementation of the global strategy for the prevention and control of AIDS, prepared in pursuance of General Assembly resolution 47/40 of 1 December 1992.

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* A/48/50.

ANNEX

IMPLEMENTATION OF THE GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF AIDS

Report of the Director-General of the World Health Organization

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INTRODUCTION

1. The present document, prepared in response to Economic and Social Council resolution 1992/33, of 30 July 1992, and General Assembly resolution 47/40, of 1 December 1992, is based, inter alia, on the report of the Director-General to the World Health Assembly at its forty-sixth session. It contains the statements of activities of the organizations and specialized agencies of the United Nations system, members of the Inter-Agency Advisory Group on AIDS (IAAG), which was established by WHO to coordinate the AIDS activities of the United Nations system.

I. GLOBAL AIDS SITUATION

2. World-wide surveillance of AIDS and HIV infection is coordinated by the WHO Global Programme on AIDS. Reports are received from countries through the WHO regional offices and collaborating centres on AIDS. The cumulative number of reported AIDS cases as at 31 December 1992 was 611,589 from 173 countries and areas. Over 95 per cent of the reported cases have been young or middle-aged adults. The actual cumulative total of adult AIDS cases in the world by late 1992 was estimated by WHO to be approximately 2.5 million. Reasons for the discrepancy include less-than-complete diagnosis and reporting to public health authorities, and delays in reporting.

3. In total, WHO estimates that 13 million adult men and women in the world were infected with HIV by late 1992. Two thirds or more of all HIV infections in the world today are the result of heterosexual transmission, and this proportion will increase to 75 per cent or 80 per cent by the year 2000. Approximately one out of three children born to an HIV-infected woman is HIV-infected and dies of AIDS, usually by five years of age; the remainder eventually become orphans when their mother dies from AIDS. Thus, about 1 million infected children, mostly in sub-Saharan Africa, have been born to HIV-infected women, and over half of them have developed AIDS or died.

4. Conservatively, WHO projects that, by the year 2000, a world total of at least 30 million to 40 million men, women and children will have been infected with HIV since the start of the pandemic. Even as a conservative estimate, this will represent a tripling or quadrupling of the present total in just over eight years. If those estimates are accurate, then, by the end of the 1990s, it can be expected that there will be nearly one and a half million adult AIDS deaths a year, the majority of which will occur in developing countries - about half in Africa and about a third in Asia. The demographic consequences of this pandemic are already being seen in sub-Saharan Africa. For example, child mortality rates, substantially reduced during the past decade by successful immunization and other child survival programmes, are again rising in some urban areas almost to 1980 levels because of childhood deaths from AIDS.

II. EVOLUTION OF THE GLOBAL STRATEGY AND HIGHLIGHTS OF 1992 ACTIVITIES OF THE GLOBAL PROGRAMME ON AIDS

A. Global AIDS strategy

5. In May 1992, the World Health Assembly endorsed an updated, greatly expanded and refined global AIDS strategy establishing the new direction to be taken by all partners in the global effort against AIDS in the years ahead. The strategy sets out ethically and technically sound approaches of known effectiveness for meeting the pandemic's new challenges: increased emphasis on care; better treatment for other sexually transmitted diseases; stronger focus on HIV prevention through an improvement of women's health, education and status; a more supportive social environment for prevention programmes; planning in anticipation of the socio-economic impact of the pandemic; and greater emphasis on the public health dangers of stigmatization and discrimination. The three main objectives of the strategy remain: (a) to prevent infection with HIV; (b) to reduce the personal and social impact of HIV infection; and (c) to mobilize and unify national and international efforts against AIDS. The updated strategy was endorsed by the Economic and Social Council at its session in July 1992 (resolution 1992/33) and by the General Assembly at its forty-seventh session in December 1992 (resolution 47/40).

B. Women, children and AIDS

6. A strategy on women and AIDS is being developed to guide the cooperation of the WHO Global Programme on AIDS with national AIDS programmes. It provides for a specific focus on women in all relevant areas of activity, notably behavioural research (empowerment of women, including ability to negotiate sex); virucide and condom use; early detection and treatment of asymptomatic sexually transmitted disease; prevention of perinatal transmission; attention to sex workers; and provision of home-based care for persons with AIDS. The Programme will also promote greater attention to women's issues on the part of national AIDS programmes.

7. During the past year, a number of women's organizations have received support from WHO, including support for a workshop on women and the media organized by the Society for Women and AIDS in Africa (Zambia, October 1992), as well as the fourth international conference of the Society. Several other women's groups were supported through the non-governmental organization partnership programme.

C. Avoidance of discrimination in relation to HIV-infected people and those with AIDS

8. The Programme continued its collaboration with the United Nations Centre for Human Rights. At the forty-fourth session of the United Nations Commission on Human Rights, Subcommission on Prevention of Discrimination and the Protection of Minorities in August 1992, the Special Rapporteur on Discrimination against HIV-infected People and People with AIDS presented his interim report and stated that the final report would be issued in 1993.

9. A consultation on HIV/AIDS in prisons was convened in September 1992 to review and update the statement by the WHO Global Programme on AIDS issued in connection with the 1987 consultation on prevention and control of AIDS in prisons. The experts taking part in the consultation drew up guidelines and recommendations dealing, inter alia, with prevention and care, human rights and management of prisoners with HIV/AIDS. The Programme began reviewing medium-term plans to assess whether government action conforms to human rights principles and to propose modifications where necessary.

D. Collaboration with non-governmental organizations

10. A draft strategic plan was prepared in consultation with non-governmental organizations and staff of the Global Programme on AIDS with the aim of increasing the Programme's effectiveness at the country and community levels. It describes six approaches to support and promote non-governmental organizations working on HIV/AIDS and reflects needs that the organizations have identified and expressed to WHO and other international agencies.

11. Support continued for international and regional network-building for non-governmental organizations working on HIV/AIDS, including seed funding for the International Council of AIDS Service Organizations and support for two regional meetings of non-governmental organizations and one meeting of people with HIV/AIDS in Latin America.

12. Through the partnership programme, 34 grants were awarded for community-based AIDS activities in 25 countries, for a total cost of US$ 1 million. Demand for such funding far exceeds the resources of WHO. In 1992, more than 140 project proposals, the majority of which deserved support, had to be turned down. For this and other reasons, the Partnership Programme was discontinued in 1992. The new strategic plan referred to above focuses on the comparative strengths of WHO, such as advocacy and technical support for non-governmental organizations, rather than on funding for individual projects.

E. Advocacy

13. During 1992, the Programme continued its advocacy activities to focus the world's attention on AIDS in order to combat complacency and denial of the problem. WHO collaborated with Nigeria in its successful initiative to place AIDS on the agenda of the Assembly of Heads of State of the Organization of African Unity, which took place in Senegal in June 1992. The Heads of State adopted a declaration on the AIDS epidemic in Africa and a concrete programme of action for the member countries. AIDS also featured in the decisions of the Tenth Conference of Heads of State or Government of Non-aligned Countries, held in Indonesia in September 1992.

14. Public information continued to play a significant role in advocacy promotion and was concentrated in three main areas during 1992: stimulating media coverage of key messages about HIV/AIDS; providing information on HIV/AIDS to donors, policy makers and the general public; and establishing an information centre for the distribution of documents, and a photo and video library. During 1992, 10 news releases were distributed world wide on a wide range of topics

including HIV and breast-feeding, HIV transmission through blood transfusion, the increased rate of HIV infections and the findings of a consultation on immunosuppression.

15. For the fifth consecutive year the Programme coordinated World AIDS Day, which was observed around the world on 1 December. The theme in 1992 was "AIDS: a community commitment", which highlighted the need for local communities and the world community to combine their strengths in the global fight against AIDS. A newsletter, four features and a brochure on the theme of World AIDS Day were distributed; and a bilingual radio programme was prepared.

F. Cooperation with national programmes

16. With the experience gained from five years of cooperation with national AIDS programmes and taking into account the recommendations of the External Review Committee, the Programme continued to place emphasis on improving its management and administrative procedures in order to maximize the effectiveness of its limited resources and provide the most efficient and effective support to regional offices and country programmes.

17. During 1992, the Programme developed approaches to the formulation of second-generation multisectoral medium-term plans for national AIDS programmes, taking into account the increasing numbers of interested parties who are becoming or need to be involved in AIDS activities on a country basis. Consultants and staff were trained in planning methods at Geneva and Alexandria, and such methods were also presented to national programme managers in all WHO regions. Several countries in Africa, Latin America and the Caribbean, and South-East Asia have already drawn up their second-generation medium-term plans.

18. By the end of 1992, WHO had provided financial support to national AIDS programmes in 153 countries and areas through exchanges of letters and project documents. As at 31 December 1992, 126 medium-term plans for national AIDS programmes had been formulated for the first time and 20 for the second time. It is of particular concern that, while the number of countries having a medium-term plan financially supported by WHO increased approximately fivefold between early 1988 and the end of 1992, the amount of resources allocated overall during that time to national AIDS programmes (including multibilateral contributions) has remained about the same.

19. Substantial technical support has been provided in areas of particular importance for national AIDS programmes, including epidemiological surveillance; information, education and communication; clinical management of HIV/AIDS; counselling; legal aspects and human rights; and laboratory and blood transfusion services.

20. WHO distributed 30 million condoms in 1992 and a further 30 million were ordered. A fifth inter-agency meeting, held in March 1992, brought together key donors to facilitate coordination in the area of condom procurement and supply. A survey on condom-related projects, supported by key donors and non-governmental organizations, was completed in developing countries. A condom logistics curriculum was finalized for field-testing during the last quarter of 1992. The Programme organized a meeting with donors to examine issues related

to the procurement and distribution of drugs used for the treatment of sexually transmitted diseases.

21. WHO has continued to play a key role in cooperating with countries in the mobilization and coordination of national and international resources for their national AIDS programmes. Special emphasis has been placed on strengthening in-country coordination and on making the local donor community aware of the needs of the national AIDS programme.

22. Development of a training course for managers of national AIDS programmes is in the final stage. It will be an important tool to refine and improve the overall development of programmes and will include sections on policy determination, definition and prioritization of strategies and interventions, target-setting, planning, monitoring and evaluation. Field-testing of the course with interregional participation took place in April 1993. The Programme has strengthened its capabilities for training and material development and is actively involved in producing curricula and training materials for HIV/AIDS education in counselling, blood safety, condom logistics, nursing, maternal and child health/family planning, sexually transmitted disease control, and community care.

23. Draft guidelines for implementing monitoring and reporting systems have been prepared for use by national programmes. A microcomputer-based management information system is being designed to facilitate planning of HIV/AIDS-related activities, monitoring of workplan implementation and reporting of activity status. Guidelines for the planning and conduct of programme reviews have been field-tested and are now being revised. A set of priority indicators to measure progress in prevention activities has been selected and methods are being devised for their use by national programmes. Protocols have been prepared for the measurement of those indicators and field-tests completed in Côte d'Ivoire, Honduras, India, Sri Lanka, and the United Republic of Tanzania. Initial development work was undertaken to formulate indicators for care and support activities.

24. Surveillance activities included global monitoring of HIV prevalence and reported AIDS cases from all countries, strengthening of the collection, management and analysis of data related to HIV seroprevalence at national, regional and global levels, and improvement of methods for estimating the magnitude of HIV prevalence from existing data.

25. Examples of activities carried out in the WHO regions are given below.

1. Africa

26. The AIDS epidemic has had a profound impact on the health services in the African region. In some of the severely affected countries, up to 80 per cent of beds in several urban hospital wards are now occupied by patients suffering from AIDS. There is a growing realization that alternative care approaches must be found to accommodate AIDS patients and to provide support to their families and the growing number of orphans. Support was provided on request to Member States in the preparation and conduct of their medium-term plan reviews, reprogramming and training activities. Community mobilization, particularly of

youth and women, has been reported as singularly successful by several countries. The process of regionalization of activities of the Global Programme on AIDS from WHO headquarters to the Regional Office continued in 1992 in accordance with the recommendations of the interim review carried out in March 1991. By 1 July 1993, 41 countries will have been regionalized and action will continue to ensure that the remaining three countries will fulfil the criteria for their transfer.

2. The Americas

27. In late 1991, "second cycle" multisectoral medium-term plans were drawn up jointly with the Governments of the Dominican Republic and the English-speaking Caribbean countries. That process was extended in 1992 to include Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama. A meeting was organized in Paraguay in November 1992 to enable managers of national AIDS programmes in 10 South American countries to review progress and prepare the ground for formulation of their plans during 1993. National AIDS programme managers met local representatives of multilateral organizations and bilateral donors to review operational aspects of programme implementation in the Caribbean area. Production of educational materials and organization of training activities continued in 1992, including two HIV counselling workshops in the Netherlands Antilles and Aruba, using innovative intercultural approaches. Of key importance was the convening of a world conference on street youth in Brazil in September 1992, which addressed, inter alia, key issues concerning HIV/sexually transmitted diseases. WHO was increasingly active in supporting institutional strengthening and network-building among non-governmental organizations at the country level.

3. South-East Asia

28. Given the budgetary constraints for intercountry activities and the need to provide direct support to national AIDS programmes, the Regional Office concentrated on strengthening programmes through country visits and on enhancing management capacity through intercountry workshops. The 11 countries in the region were supported in the formulation of multisectoral medium-term plans; strengthening of HIV sentinel surveillance and implementation of cost-effective laboratory diagnosis, including pooling of sera; and development of workplans, improvement of financial management, and conduct of programme reviews. Upon signature of the tripartite agreement between the World Bank, the Government of India and WHO, a US$ 85 million loan was awarded by the World Bank to India for AIDS prevention for the period 1992-1996. The Government will contribute an additional amount of US$ 13.5 million. Another example of the high-level political commitment being accorded to AIDS prevention in the region is in Thailand, where an AIDS policy and coordination bureau has been set up in the Prime Minister's Office and where the national AIDS prevention and control committee is chaired by the Prime Minister.

4. Europe

29. During 1992, new Member States emerged from the former USSR and Yugoslavia, greatly increasing the number of countries in the region. Political volatility and civil strife in many areas influenced programme direction and planning. Assessment visits and policy and programme development were carried out during 1992 in the Baltic States and the newly independent States of the former USSR, with special emphasis on the Central Asian Republics. At national conferences held in Albania and Romania during 1992, long-term strategic plans, as well as workplans, were drawn up through national AIDS policy consensus. In cooperation with other intergovernmental agencies, including UNICEF, UNDP and the Council of Europe, intercountry and country workshops were held in such areas as blood safety, infection control, sex education in schools, epidemiology, women and AIDS, mass media and health promotion. Collaboration with networks of non-governmental organizations, including AIDS service organizations, self-help groups and interest organizations, has been further extended and strengthened. Increasingly, the focus of this work will be on supporting the non-governmental response in the new Member States through twinning arrangements and workshops.

5. Eastern Mediterranean

30. Extensive regional and national efforts are under way to conserve the region's relatively better position vis-à-vis the spread of HIV/AIDS. There is, however, evidence that the spread is increasing, and it is of particular concern in Djibouti and the Sudan. Information, education and communication were given special emphasis together with surveillance. Involvement of all sectors in national programmes, including non-governmental organizations, is being pursued and every effort is made to enlist the support of national leaders. The regional AIDS information exchange centre has, during the short time since its establishment in 1990, extended valuable support to regional and national programmes by producing and distributing several documents in the main language of the region. At their annual meeting in Egypt in February 1992, national AIDS programme managers exchanged experience in the implementation of programmes and were given updated information on developments related to HIV/AIDS.

6. Western Pacific

31. By 31 December 1992, 21 short-term and 18 medium-term plans had been formulated for programmes in the region. Those plans are mainly concerned with establishing programme management, improving surveillance, training health care workers, developing laboratory diagnostic capability, testing blood donors, and educating the general public and population groups with high-risk behaviour. Other essential elements of support are mobilization of resources from international donor agencies, development of sound programme management systems, and promotion of the involvement of non-governmental organizations and community groups in activities of the Global Programme on AIDS. The WHO/South Pacific Commission information exchange centre continued to provide information on AIDS and sexually transmitted diseases to countries and areas in the Pacific region, particularly for women and youth groups.

G. Intervention development and support

32. In March 1992, a technical working group on intervention development and support provided guidance on priorities for strengthening interventions for application by national AIDS programmes in the following four key areas: criteria for prioritizing interventions; client-focused approaches for increasing the safety of sex work; intervention research in condom promotion; and community-based care for persons with HIV/AIDS.

33. At a meeting in May on effective approaches to AIDS prevention, 15 interventions aimed at enabling people to change risky sexual behaviour were presented by those involved in their design and implementation. Discussions centred on factors which contributed to the success of such interventions, constraints encountered and lessons learned for the future. As a further step towards providing guidance to countries on cost-effectiveness, a draft methodology has been developed for estimating the costs of high-risk behaviour interventions.

1. High-risk behaviour

34. Given the need to define appropriate interventions for people most at risk, selected developed and developing country experiences were reviewed and a consultation was held in November 1992 to characterize models of good practice in outreach interventions and to draw up recommendations on their design, implementation, monitoring and evaluation in developing countries.

35. Evidence from Latin America shows clearly that bisexual behaviour can play a significant role in the evolving epidemic of HIV. A consultation was held in December 1992 to review research findings on homosexual/bisexual behaviour and behaviour change, the implications of interventions for functionally bisexual men, and selected case examples of interventions, and to make recommendations for country programmes.

36. Two guides on AIDS prevention and control interventions among injecting drug-users and their sex partners have been drafted for use by programme managers and field managers. A multi-centre study to determine patterns of prostitution and social networks that can be utilized in interventions was completed in Brazil and the Dominican Republic, giving a better understanding of the cultural and social context of sexual behaviour and preventive practices. This, in turn, will facilitate the planning of interventions. An intervention directed to female sex workers was initiated in Côte d'Ivoire with the aim of reaching several thousand sex workers in six communes in Abidjan.

2. Youth and the general public

37. A review of the literature in the areas of population education, family planning and sex education in school settings in developing countries indicated that education in these settings is successful in conveying knowledge about sexual, reproductive and family issues from the social and health standpoints. Studies in both developed and developing countries strongly indicate that sex

education does not encourage or lead to increased sexual activity among young people, nor does it cause an increase in the number of their sex partners.

38. A guide for developing health promotion projects for the prevention and control of AIDS/sexually transmitted diseases among out-of-school youth is being field-tested and reviewed by key international youth organizations in all regions. A review of experiences of peer education for youth indicates that this approach is effective in bringing about change in behaviour such as condom use.

39. A research project in which peer educators will "reach out" through group sessions was started in Jamaica in collaboration with the International Federation of the Red Cross and Red Crescent Societies and the World Organization of the Scout Movement. An intervention focusing on the use of theatre by young members of peer groups was initiated in Ghana. Support is being given to evaluate an intervention by the peer education programme of the Young Women's Christian Association in Botswana.

3. Health care support

40. An intercountry workshop for French-speaking countries on community-based care for HIV/AIDS was held in Rwanda in March 1992, and emphasized the importance of integration of HIV/AIDS care into existing health care systems, coordination with non-governmental organizations and cost-effective sustainable solutions. Materials being developed to assist families and communities to cope with HIV/AIDS care, and to encourage the integration of preventive messages with care, include an AIDS Home Care Handbook targeted on health care workers, which was assessed in Uganda and Zambia prior to publication. Core modules for basic nursing education were updated. A draft guide on breast-feeding and HIV and a user guide on prevention of nosocomial HIV/HBV transmission were in preparation.

41. A resource book for use in HIV/AIDS counselling training and guidelines for development, maintenance and evaluation of HIV/AIDS counselling have been prepared and will be field-tested. Blood donor counselling guidelines have been field-tested and are ready for final revision and publication. A meeting on HIV testing and counselling was held in November 1992 to make recommendations for the policy of WHO on this issue.

42. In January 1992, an informal technical working group with experts on sexually transmitted diseases from a number of countries prepared guidelines for case management of urethral discharge and genital ulcer disease. Case-management guidelines for vaginal discharge and for case-finding of sexually transmitted infections in asymptomatic women were designed at a further meeting, and will be field-tested.

4. Social and behavioural studies and support

43. At its meetings in April and September 1992, the Steering Committee on Social and Behavioural Research endorsed research activities in five areas: household and community responses to HIV/AIDS; personal and socio-contextual factors of sexual behaviour; gender relations, sexual negotiation, and the

potential impact of the female condom; social and behavioural issues in vaccine trials; and synthesis of results of knowledge-attitudes-beliefs-practices/partner relations surveys. Research protocols have been prepared in the first three areas for implementation in a number of sites in developing countries. They are concerned mainly with in-depth qualitative studies to identify mechanisms and patterns, and their implications for intervention and support.

H. Research

44. Given the need to target problem-solving research in support of national AIDS prevention and control strategies, the Programme collaborated with developing countries in setting priorities and designing protocols for research to obtain information required for strengthening policy formulation, service delivery and case management.

45. In July 1992, a second meeting on AIDS drug and vaccine supply, co-sponsored by WHO and UNDP, reviewed the first year of collaboration with the major research-based pharmaceutical companies and the International Federation of Pharmaceutical Manufacturers' Associations. The pharmaceutical industry expressed particular interest in collaborating with WHO on the evaluation of drugs and vaccines at WHO-supported evaluation sites in developing countries.

1. Clinical research and drug development

46. In April 1992, the Steering Committee on Clinical Research and Drug Development approved a pilot study on treatment of chronic diarrhoea in persons with HIV infection. A study carried out in Senegal on the effect of frequent insertion of a vaginal spermicide with anti-HIV activity was completed and the results are currently being analysed.

47. The efficacy of low-dose oral interferon alpha in symptomatic HIV-infected patients is being evaluated in Uganda in a double-blind placebo controlled trial, and results are expected in 1993. Studies for the prevention of tuberculosis in HIV-infected persons continued in the Dominican Republic, Haiti, the United Republic of Tanzania and Zambia, and are being monitored by the Global Programme on AIDS and the WHO tuberculosis programme.

48. A meeting to identify approaches to evaluating pharmaceutical and immunological means of preventing perinatal transmission of HIV was held in October 1992, and protocols for clinical trials to address those issues are being prepared for review by the Steering Committee. A meeting of the HIV-2 Collaborating Group was held prior to the Seventh International Conference on AIDS in Africa, held in Cameroon in December 1992, to review progress in research supported through this group and to identify additional research priorities.

2. Vaccine development

49. Plans for development of vaccine evaluation sites, describing specific activities for infrastructure strengthening, training and baseline research in the areas of HIV isolation and characterization, clinical research (phase I/II trials), epidemiology (cohort studies), data management, and social and behavioural studies for vaccine development, were prepared with local authorities and scientists from Brazil, Rwanda, Thailand and Uganda. At its third meeting in June 1992, the Steering Committee on HIV Vaccine Development reviewed and endorsed the plan for Uganda, which provides for site strengthening and baseline epidemiological and behavioural research. The plans for Brazil, Rwanda and Thailand were approved by the Steering Committee at its fourth meeting in December 1992.

50. The activities of the WHO Network for HIV Isolation and Characterization continued with a pilot study to isolate HIV strains from four countries identified for HIV vaccine studies.

3. Diagnostics

51. At its second meeting in November 1992, the Steering Committee on Diagnostics approved financial support for projects on double (HIV-1 and HIV-2) seropositive blood samples; comparison of CD4+ and CD8+ lymphocytes; and diagnosis of HIV infection in the newborn.

52. Recommendations were formulated for three HIV testing strategies in respect of transfusion/donation safety, surveillance and diagnosis of HIV infection. These call for reduced use of the "western blot" technique for confirmation, thus permitting a significant decrease in the cost of HIV testing while, at the same time, ensuring accuracy. A number of other strategies for reducing the cost have also been formulated, including the use of pooled sera in blood banks and for epidemiological surveillance in low prevalence areas. Bulk purchasing of HIV diagnostic assays, based on evaluation of test kits and testing strategies supported by the Programme, has resulted in an up to fourfold decrease in the cost of test kits provided by WHO to national AIDS programmes.

4. Epidemiological research and forecasting

53. Preliminary results from a WHO multicentre research study on the risk of HIV transmission in paediatric care units and in other health care settings, carried out in Rwanda, Uganda, the United Republic of Tanzania and Zambia, indicated that, while children are exposed to a variety of skin-piercing procedures in such settings, the risk of nosocomial transmission in those countries appears low.

54. The results of a study in Zaire to evaluate the relationship between gp120 and perinatal transmission of HIV, completed in 1992, indicated that there was no significant relationship between the presence of antibody to gp120 and the risk of perinatal transmission. Additional studies on mother-to-foetus/infant transmission of HIV in the Congo, Kenya and Malawi, have shown that HIV

infection in pregnant women is associated with adverse obstetric outcomes, such as chorioamnionitis, prematurity and low birth weight.

55. Results from a pilot study to determine the prevalence of HIV-1 and HIV-2 infections in persons attending clinics for sexually transmitted diseases in Maharashtra State, India, showed a seroprevalence rate of 16.2 per cent for HIV-1 and 1.1 per cent for HIV-2 among 351 samples from patients. A prospective study on the natural history of HIV infection among injecting drug-users in Manipur, India, was approved for funding.

I. Activities carried out in collaboration with other organizations and specialized agencies of the United Nations system

56. UNDP continued to provide support to country programmes within the framework of the WHO/UNDP Alliance to Combat AIDS, whose administrative arrangements were updated during the year through the signature of a memorandum of understanding. It provided resources and other support to countries in their implementation of AIDS control programmes, and assisted in the integration of national AIDS plans with overall developmental policies and priorities at the country level.

57. In May 1992 WHO and UNICEF co-sponsored a meeting of experts on HIV transmission through breast-feeding. The first edition of a joint WHO/UNICEF booklet entitled Living with AIDS in the Community, published in Uganda, is being adapted for global use. WHO participated in UNICEF discussions to develop that body's operational strategy framework for AIDS prevention and care activities.

58. UNICEF requested the participation and input of the World Health Organization into thematic technical support groups established in 1992 to provide technical support and resources to selected "strategic programming countries" in five areas: communication and social mobilization; school-based interventions; youth; health and development promotion; and family care and counselling. Each technical support group includes UNICEF programme officers from six countries; programme and technical officers from UNICEF headquarters and regional offices; staff from collaborating United Nations and bilateral agencies, including WHO; and technical experts from institutions (academic, etc.) with expertise in the areas concerned. It is expected that this regular exchange of ideas and experience will facilitate progress and cooperation among all members of the networks.

59. Five of the seven WHO/UNESCO pilot projects on school AIDS education have been evaluated. The findings so far suggest that curriculum-based interventions are effective in increasing the knowledge of students and promoting positive attitudes among students and their families. A final report synthesizing those results is being prepared for use by national AIDS programmes and educational institutions. A guide for school health education to prevent AIDS and sexually transmitted diseases, for use by policy makers and planners of education programmes, has been published jointly by WHO and UNESCO. 1/ A prototype curriculum for school AIDS education was developed and the first draft is being reviewed by UNICEF and UNESCO.

60. The Programme participated in in-depth studies on contraceptive requirements and logistics management needs in the 1990s, organized by UNFPA in India and Zimbabwe, with emphasis on condom requirements for prevention of AIDS/sexually transmitted diseases.

61. The World Bank and WHO collaborated in the preparation of World Development Report 1993, on investing in health. The Programme's main input has been to provide estimates and projections of the incidence and prevalence of HIV and AIDS, global estimates of the cost of prevention and care activities, and estimates of the possible impact on HIV transmission of prevention activities world wide.

62. WHO is participating in an inter-agency effort to provide field staff of United Nations system agencies with basic background information on HIV/AIDS. In collaboration with UNICEF, UNDP, UNFPA and the United Nations, New York, WHO participated in the development of a five-day curriculum and attended a training of trainers course in Zimbabwe in March 1993. WHO will also participate in the regional training courses that will be held in Africa, the Americas and Asia.

III. ACTIVITIES CARRIED OUT IN 1992 BY ORGANIZATIONS AND SPECIALIZED AGENCIES OF THE UNITED NATIONS SYSTEM

A. United Nations, New York

63. In the World Population Prospects, 1992 Projections (forthcoming) the Population Division of the Department of Economic and Social Development has incorporated the potential demographic impact of AIDS for countries whose HIV seroprevalence in adults was estimated to surpass 1 per cent in 1990. All the countries included are in Africa: Benin, Burkina Faso, Burundi, Central African Republic, Congo, Côte d'Ivoire, Kenya, Malawi, Mozambique, Rwanda, Uganda, the United Republic of Tanzania, Zaire, Zambia and Zimbabwe. Chapter III of the World Population Prospects, 1992 Projections, will focus on the projected demographic impact of AIDS for those sub-Saharan countries through the year 2005. In addition, the Population Division, as part of its mandate to monitor population trends and policies on a global basis, is currently conducting the Seventh United Nations Population Inquiry among Governments: Monitoring of Perceptions and Policies on Demographic Trends and Levels in the Context of Development, 1992. The inquiry, in the section dealing with health and mortality policies, contains a number of questions specifically related to AIDS and the policies implemented by Governments to deal with the disease. The information obtained will be used in the preparation of various publications of the Population Division, such as the biennial World Population Monitoring, 1993 (forthcoming).

64. In June 1992, the Department of Public Information produced an article on efforts of the United Nations system to control AIDS, 2/ 10,000 copies of which were distributed to United Nations Information Centres, UNDP offices, specialized agencies, Permanent Missions and the Secretariat. The Department collaborated with WHO and UNDP in planning the 1992 observance of World AIDs Day at United Nations Headquarters, which took place on 1 December 1992 during the General Assembly.

65. The United Nations Medical Director, in conjunction with other medical directors of the United Nations system, continued to review annually the established medical standards and guidelines for employment of HIV-positive people and people with AIDS to ensure that they are consistent for the entire United Nations common system. Updated information in the form of pamphlets and handbooks was made available as part of active health education policy. Counselling for staff members was provided on request by a medical officer or a nurse to allay fears of stigmatization and discrimination, to provide information on protection from HIV infection and on coping with the presence of AIDS. Health-related chapters of travellers' guides used by the United Nations were revised by the Medical Service to include information on HIV/AIDS.

66. The regional economic commissions carried out various AIDS-related activities in 1992. For example, the Economic and Social Commission for Asia and the Pacific is currently implementing a multi-year project on the development of integrated community-based approaches to drug abuse demand reduction in China, India, Nepal, the Philippines, and Thailand. Project activities include the development and implementation of prevention strategies for drug abuse and HIV infection for various target groups, such as drug abusers, students and out-of-school youth, parents, women and community leaders.

Specific HIV/AIDS-related interventions included awareness-raising, dissemination of information and modification of attitudes and behaviour. An associated project, to be implemented in collaboration with UNDP along the China-Myanmar border, will use the same methodology. The Economic Commission for Latin America and the Caribbean held workshops aimed at heightening awareness of the dangers of HIV/AIDS.

67. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) provides health services to over 2.7 million Palestine refugees in Jordan, Lebanon, the Syrian Arab Republic and the occupied territory of the West Bank and Gaza Strip. During 1992, UNRWA continued its commitment to HIV/AIDS prevention activities, developed and implemented in collaboration with WHO. UNRWA continues to place special emphasis on ensuring the safety of blood transfusion services in hospitals of non-governmental organizations in the occupied territory of the West Bank and Gaza Strip by providing them with HIV diagnostic kits. A workshop on Planning, Implementation, Monitoring and Evaluation of IEC/AIDS Activities, conducted from 18 to 25 January 1992 in Jordan, was attended by senior UNRWA health staff, representatives from non-governmental organizations in the occupied territory and WHO staff. Detailed plans of action were developed at the workshop to strengthen epidemiological surveillance, staff training and community education and subsequently implemented. Appropriate educational materials and publications were provided by WHO for distribution to health personnel and the refugee population.

68. The United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) is organizing national workshops among INSTRAW focal points, women's organizations, and individuals in selected developing countries, to review the results of recent research on women and AIDS internationally and regionally. The research will focus on establishing the most efficient means of promoting greater awareness and understanding of the longer-term socio-economic implications of AIDS for women. Based on this exchange of research and information and the assessment of women's needs at the country level, participants will formulate a Women's Action Agenda to be incorporated into national plans of action. The Institute is proposing a pilot project to mobilize human and financial resources to be conducted in three Caribbean countries with a view to extending the project to the rest of the Latin American and Caribbean region.

B. United Nations Office at Geneva: Centre for Human Rights

69. The Centre for Human Rights remains actively involved in the human rights protection of HIV-infected people and those suffering from AIDS. The Special Rapporteur of the Subcommission on Prevention of Discrimination and Protection of Minorities, Mr. Varela Quirós, who was appointed to undertake a study on discrimination against HIV-infected people, presented a report (E/CN.4/Sub.2/1992/10) 3/ to the Subcommission at its forty-fourth session in August 1992. The report included, inter alia, an analysis of the replies received from Governments, United Nations organs, other intergovernmental organizations and non-governmental organizations to a questionnaire sent out at an early stage of the study. The Special Rapporteur will submit his final

report to the Subcommission at its forty-fifth session in 1993, and to the Commission on Human Rights at its fiftieth session in 1994.

C. United Nations Office at Vienna

70. The Division for the Advancement of Women is currently developing a gender approach to the HIV/AIDS pandemic. The Division is focusing particularly on the impact of the lower status of women on the spread of the pandemic, as well as on the impact of the pandemic on the caring role of women. This gender approach has been presented in the paper entitled "Interrelationship between gender relations and the HIV/AIDS pandemic: some possible considerations for policies and programmes". It will be used as input to the priority theme under "Development" for the thirty-eighth session of the Commission on the Status of Women in 1994, which is entitled "Women in urban areas: population, nutrition and health factors for women in development, including migration, drug consumption and AIDS".

71. In February 1993, an advisory mission was carried out in Dakar by the Division at the request of the Government of Senegal. The mission included discussions with the national AIDS programme on social issues, such as AIDS in prisons, and immigration and the spread of HIV.

72. The United Nations Drug Control Programme provided support to a drug abuse and AIDS prevention programme, which began in January 1992 on the borders of Myanmar and Thailand.

D. United Nations Children's Fund (UNICEF)

73. In 1992, the UNICEF Executive Board endorsed the Executive Director's recommendation that UNICEF intensify and expand its support to HIV/AIDS prevention activities, working in close collaboration with Governments, WHO, bilateral agencies, non-governmental organizations and other partners. Thus, 1992 has been marked by the significant expansion of the HIV/AIDS prevention effort within UNICEF. At the country level, this is reflected in the increase of activities specifically aimed at addressing the direct causes of the pandemic, as well as the integration of HIV/AIDS prevention concerns in the implementation of ongoing country programmes and in the development of new ones. At headquarters and at the regional levels, the expansion is reflected in the strengthening of the capacity to provide support to country programmes and to engage in advocacy and coordination efforts within and outside the United Nations system.

74. Given that in some developing countries the majority of new HIV infections occur among individuals under 25 years of age, UNICEF efforts focus on the prevention of HIV transmission among young people, especially young girls (who are the most vulnerable). More specifically, UNICEF is supporting the development and implementation of activities aimed at increasing "life skills" among youth, both through schools and through youth organizations and peer groups; strengthening health services; increasing the understanding of the reproductive function and of sexually transmitted diseases; supporting families; and protecting children affected by HIV/AIDS. An important part of the work is

in information and social mobilization, aimed both at spreading knowledge at all levels of society - particularly among youth and women - as well as in advocacy activities to increase the commitment of leaders and policy makers.

75. During the past year, UNICEF-supported HIV/AIDS prevention programmes have undergone qualitative and quantitative expansion. Within Africa, examples include the Rwanda peer-to-peer youth programme, which, following an evaluation showing that it is helping young people adopt safe behaviour, is now being expanded to other parts of the country. In Zambia, activities supported by UNICEF now range from a specific effort in syphilis prevention and control among pregnant women, to activities aimed at decreasing gender disparity, one of the most fundamental underlying causes of the rapid spread of HIV among women, especially young girls. Other examples include Zimbabwe, where there has been an acceleration of the communication and social mobilization programme, which focuses on youth and tackles AIDS within the broader framework of "life skills" development; the Congo, where AIDS prevention and care are being pursued through the Bamako Initiative approach of increased partnership between health-providers and users; and Uganda, where UNICEF is supporting the development and implementation of "Save Youth from AIDS", a multisectoral approach to youth AIDS prevention and care.

76. An acceleration of UNICEF support to HIV/AIDS prevention activities is also taking place in other regions, including Asia and Latin America, given the rapid rate of the spread of HIV infection. Here too, activities being supported by UNICEF have youth as their priority focus and range from advocacy and social mobilization efforts to increase awareness and knowledge, to efforts aimed at improving the status of young girls and women.

E. United Nations Development Programme (UNDP)

77. In July 1992, UNDP and WHO signed a Memorandum of Understanding for the Implementation of the WHO/UNDP Alliance to Combat AIDS. Building on the existing WHO/UNDP Alliance, the Memorandum calls for intensified collaboration between WHO and UNDP. Within that mandate, WHO and UNDP have agreed to develop jointly a policy framework for multisectoral programmatic approaches to the pandemic and for the strategic planning required in support of countries to enable them to develop and adapt relevant strategies within their associated administrative, legal and policy framework.

78. At the request of the Governing Council, an external and independent assessment was undertaken in 1992 by the Central Evaluation Office of UNDP to examine the degree to which UNDP is (a) using the coordinating role of Resident Representatives to support the WHO Global Programme on AIDS in the implementation of the Global AIDS Strategy, and (b) encouraging national leadership to take a multisectoral and multiministry approach to addressing the AIDS threat and the consequences of the pandemic for economic and social development. Its findings show that many UNDP Resident Representatives/United Nations Resident Coordinators are taking an increasingly active role in assisting national Governments in those efforts, but more needs to be done. This additional responsibility of Resident Representatives requires special training and support, which is being provided through the HIV and Development Programme.

79. UNDP is actively pursuing collaborative partnerships and working relationships with Governments, the United Nations system, communities, non-governmental organizations, donor agencies and the private sector. That collaboration has entailed working with financial institutions, such as the African Development Bank, on addressing the causes and consequences of the HIV pandemic, working with FAO on the impact of HIV on agricultural systems, and on the pandemic's impact on labour. In addition, UNDP has established partnerships with HIV community groups and non-governmental organizations, such as ICASO and The Global Network of People Living with AIDS, and academic institutions in an effort to strengthen the collective capacity to respond to the pandemic. UNDP has been an active member of the Joint Consultative Group Programme, Subcommittee on Personnel and Training, as well as of other coordination forums within the United Nations system. UNDP also co-sponsored and served on the steering committee for the Second International Congress on AIDS in Asia and the Pacific.

80. The HIV and development activities of UNDP fall under the broad framework of programme development, including building awareness of HIV as a development issue, and capacity-building, especially at the country level. During the last year, UNDP has provided support to a series of country-level programming initiatives. Programme identification and design missions have been undertaken in Bangladesh, Cambodia, Côte d'Ivoire, Uganda and the United Republic of Tanzania. Significant work has taken place especially in the Asia and Pacific Region, where 14 country workshops were organized.

81. To facilitate the development of appropriate planning and programming tools to address complex multisectoral issues raised by the HIV pandemic, UNDP constituted an interdisciplinary, multi-agency Task Force on Simulation, Decision-making and Programming for HIV and Development. The output of the first meeting of the Task Force included an assessment of existing planning and programming tools, including their usefulness and cost; a conceptual framework for the development of a system for data-generated animation; concept visualization of the HIV pandemic; and the establishment of a small technical task force to develop and field test a pilot approach to regional planning in a seriously affected region (Kagera, United Republic of Tanzania).

82. With many partners, in particular WHO, UNDP has held informal workshops to explore how changes in people's attitudes and behaviour and changes in community norms can come about and how these can be best supported to limit further spread of the virus and minimize its social and economic consequences. An Asian and Pacific Consultation (the second in a series following an African Consultation in 1991) was held in New Delhi and explored the role of non-governmental organizations, social and mass movements and community-based organizations and programmes in bringing about the attitudinal and behavioural changes, which will enable communities and individuals to respond humanely and effectively to the pandemic. UNDP is also working collaboratively with groups in Africa, Asia and the Pacific and Latin America and the Caribbean to explore further an appropriate ethical and legal response to the pandemic and to enhance the capacity of such groups to explore and address these issues.

83. Lessons learned from those programme development efforts are being channelled into country programming initiatives in active collaboration with UNDP field offices, United Nations agencies, non-governmental organizations,

community-based organizations, and research institutions. Pilot activities carried out by those groups have been initiated in over 20 countries, including China, Côte d'Ivoire, Djibouti, Ghana, India, Jamaica, Mexico, Morocco, Papua New Guinea, Senegal, Thailand, Trinidad and Tobago, Uganda, the United Republic of Tanzania and Zambia. At the intercountry and international levels, UNDP is disseminating relevant information through its participation in regional and global meetings, documentation - including a public information kit, an issues paper series, written contributions to journals, posters and other publications - and through its HIV and Development Programme.

F. United Nations Population Fund (UNFPA)

84. The support of the United Nations Population Fund for HIV/AIDS prevention activities is furnished in line with national AIDS prevention policies and programmes in cooperation with the WHO Global Programme on AIDS. The inputs of the Fund are provided in line with the overall global strategy for HIV/AIDS prevention. They are generally integrated into ongoing country programmes through which the Fund provides overall assistance in the population sector, including support to maternal and child health/family planning (MCH/FP) service delivery programmes, and to closely related family planning information, education and communication components.

85. During 1992, the Fund support focused on the following:

(a) The incorporation of AIDS-related components in population, family life and family planning education and communication programmes;

(b) The provision of information/counselling on AIDS prevention, and distribution of condoms as part of MCH/FP service programmes;

(c) The inclusion of AIDS education and information components in all pertinent training programmes, particularly those for MCH/FP service providers;

(d) The conduct of socio-demographic, operational and biomedical research.

While the main focus of the Fund's AIDS prevention activities is at the country level, it has also supported regional and interregional activities in the area of AIDS prevention and control.

86. Together with the Joint Consultative Group on Policy, the Fund is involved in training its staff with regard to personnel policy on HIV/AIDS. In May 1992, several staff members attended the UNDP workshop on HIV/AIDS in the workplace.

87. The 1991 AIDS Update was published and widely disseminated in 1992. Currently, the Fund is engaged in finalizing the 1992 AIDS Update, which will provide detailed information on Fund-supported HIV/AIDS prevention activities carried out at the country, regional, interregional and global levels. Information received from the Fund's field offices indicates an increase in the number of countries where AIDS prevention activities are being undertaken: from 41 in 1991 to 70 in 1992. At the same time there has been a broadening of the scope of activities to include knowledge, aptitude and practice (KAP) studies

and socio-demographic research on HIV/AIDS (for example in Honduras, India and Kenya), as well as an increased emphasis on addressing the needs of women and adolescents with regard to AIDS prevention and control (for example in the Congo, Gabon, Jamaica, Uganda, the United Republic of Tanzania, Uruguay and Zimbabwe).

G. World Food Programme (WFP)

88. In the past, the World Food Programme (WFP) tended to view AIDS as primarily a medical problem and AIDS patients being assisted as part of hospital feeding projects and without specific development activities for AIDS patients or their families. It was believed that the number of AIDS patients and their family members was too small and scattered to justify the necessarily broadly based approach of WFP food assistance. More recently, however, the number of people affected by AIDS in many developing countries has reached the level where, if current trends continue, there will be severe and widespread social and economic disruption. This is creating urgent needs for communities and families, many of whom are already severely disadvantaged. Countries must be helped to plan and provide social services to cope with these needs.

89. The World Food Programme prefers not to single out individuals with AIDS or their households. Instead, it concentrates its assistance on communities and geographic areas where HIV and AIDS are prevalent. The assistance of WFP is often administered through non-governmental organizations that have already established contacts and programmes at the community level, and it also provides economic support to persons with AIDS and their families, thus helping to reduce the socio-economic impact of the pandemic on society at large. Currently, WFP assistance has taken the following forms: relief to households with high dependency ratios; feeding of hospitalized patients, either as budgetary support to the hospital if it provides meals, or as a take-home ration to the patients' families if they bring meals to the hospital; feeding of children in orphanages; support for patients and their families while they acquire income-generating skills; support for health counsellors while in training.

H. United Nations High Commissioner for Refugees (UNHCR)

90. The principles of the global strategy for the prevention of HIV/AIDS are followed by the United Nations High Commissioner for Refugees (UNHCR) in all its refugee health care programmes. Specific prevention projects have been initiated/funded by UNHCR in countries with high prevalence of HIV/AIDS that are hosting refugees. Those projects implemented either by local institutions or international non-governmental organizations were developed in close coordination and consultation with Ministries of Health and the WHO Global Programme on Aids and included activities such as information, education and communications, service provision (condoms, educational material); training; operational research; counselling; assessment and evaluation; monitoring/supervision, and surveillance/epidemiology of sexually transmitted diseases, including HIV/AIDS.

91. With approximately 18 million refugees in the world today, and taking into consideration the social disruptions those people may have faced, UNHCR adopted

a policy of including the control and prevention of sexually transmitted diseases, including HIV, as a priority health intervention in refugee settings. Priority has also been given to ensuring that prevention, care and treatment programmes are available for women, especially to increasing their awareness, and to strengthening their ability to protect themselves from infection. Training of female health workers and provision of services for sexually transmitted diseases as an integral part of primary health care/MCH/FP programmes have been instituted in most countries. That policy is explicitly explained in the UNHCR document entitled "UNHCR Policy and Guidelines Regarding Refugee Protection and Assistance and AIDS", which is frequently updated.

I. International Labour Organisation (ILO)

92. The work of the ILO in AIDS prevention has four aims: to protect the rights of employment of HIV-infected people and people with AIDS; to protect the health of workers who are occupationally exposed; to promote public information and education about AIDS in the workplace, through companies and through employers' and workers' organizations; and to observe the effects of the AIDS pandemic on the employment market and on the cost of social security. One of the main topics of the Subregional Tripartite Seminar on the Promotion of Equality of Opportunity and Treatment in Employment in French-speaking African Countries, held in Côte d'Ivoire in October 1992, was discrimination related to AIDS. Other seminars organized for employers' and workers' organizations provided information on AIDS. A Workers' Education Manual on Aids and the Workplace was developed during 1992 and will be published in 1993. The impact of AIDS on the employment market in developing countries is being studied in the context of sectoral analysis and planning for some operational programmes. Two activities are planned for the future: a study on laws, collective bargaining, and companies' practices concerning the employment of HIV-infected people or people with AIDS in industrialized and developing countries; and an analysis of the impact of AIDS on the employment market in selected African countries.

J. Food and Agriculture Organization of the United Nations (FAO)

93. A programme to assess the effects of HIV/AIDS on agricultural production systems in East Africa (Malawi, Uganda, United Republic of Tanzania, Zambia) was developed by FAO during 1992 and began in January 1993. The programme will support actions at the farm, community and national levels to minimize food and agricultural constraints arising from the HIV/AIDS pandemic and will comprise three main activities:

(a) The application of re-survey and other techniques to identify and assess:

(i) Actual farm household responses to the loss of family members through AIDS;

(ii) Labour shortages and other production constraints;

(iii) Changes in food consumption patterns;

(b) The determination of community responses to individual farm household problems and formulation of additional actions;

(c) The recommendation of public sector responses in the form of farming system and technological changes to be encouraged by extension services, improvements in enabling services such as credit and research projects to widen the range of technological options.

94. One of the training modules for volunteer leaders of rural youth groups developed through the project for integration of population education into programmes for rural youth, begun in 1992, deals with sexually transmitted diseases, including AIDS. In pilot activities, these materials are being introduced in African and Asian countries; activities have already taken place in Ethiopia and Viet Nam.

K. United Nations Educational, Scientific and Cultural Organization (UNESCO)

95. The long-term objective of the education programme for AIDS prevention of the United Nations Educational, Scientific and Cultural Organization is to provide technical assistance to member States and non-governmental organizations to develop and implement education strategies for AIDS prevention, adapted to their different socio-cultural contexts. The School Education Resource Centre contains more than 1,500 documents, 100 video films and 300 posters, all managed by a computerized data bank. During 1992, UNESCO developed a prototype teaching guide for secondary schools adaptable to different socio-cultural contexts, providing guidelines and resource materials for low-cost innovative and participatory pedagogical methods of teaching AIDS prevention. Desk studies on the following topics were carried out: AIDS and women, AIDS and drug use and the global impact of AIDS on formal education. Work was also begun on the organization of two regional training courses on AIDS education in schools, intended for decision makers in ministries of education who are directly responsible for educational programmes. Those courses will also be intended for educational planners, who will be sensitized and trained on the impact of AIDS on the education sector (lack of teachers, problem of school enrolment or orphans etc.).

96. The UNESCO programme for basic sciences continued to support research on the following topics: vaccines against the HIV virus, complementary vaccines against mycoplasm protein, antibiotics against mycoplasm, cytokines as immuno-modulators and cytotoxic cells.

L. The World Bank

97. Since 1986, when the World Bank first began to address the prevention of AIDS, there have been 39 projects initiated with AIDS components. Two free-standing AIDS projects were approved during the past three years: for Zaire in 1989 and for India in 1992. During 1992, six projects contained AIDS components and, for 1993, 15 projects are expected to be approved with an AIDS component. Three free-standing AIDS projects are expected for 1993: Uganda - AIDS Commission Support Project; Zimbabwe - AIDS Control Project; and Brazil - AIDS

Sexually Transmitted Disease Control Project. Projects approved have included the following elements for the prevention of HIV/AIDS: purchase of laboratory equipment to improve blood screening; screening of all blood donors; establishment of an audio-visual unit in the Ministry of Health for health education activities; information, education and communications for promotion of family planning, including condoms; training of health workers; mass media AIDS education campaign targeted at high-risk groups; training programmes for higher-level staff in the areas of management, diagnostics techniques, and epidemiology of AIDS; establishment of a surveillance system; provision of drugs for AIDS-related diseases; re-equipping health facilities with syringes and sterilization kits; improving technical knowledge of HIV infection through training workshops; development of a newsletter on AIDS for national dissemination, and development and production of improved training materials.

98. Three programmes, which included provision for research, were approved in 1992: the China Infectious and Endemic Disease Control Project, which contains a component for operations research on effective health education methods; the India National AIDS Control Project, which has a component for surveillance and research; and the Kenya Health Rehabilitation Project, which provides for six studies to be undertaken under the project, and the Ministry of Health has suggested that one should be an HIV/AIDS study. The Bank is collaborating with Tanzanian researchers in a major study of the household and community-level coping mechanisms in response to mortality from AIDS. Preliminary results will be available in 1993. In 1992, the Bank provided a fourth special grant of US$ 1 million to the WHO Global Programme on Aids for HIV/AIDS operational research.

IV. COORDINATION MECHANISMS FOR HIV/AIDS ACTIVITIES WITHIN THE UNITED NATIONS SYSTEM

99. The Director-General's annual report on progress in implementing the global AIDS strategy was submitted to the United Nations General Assembly at its forty-seventh session through the Economic and Social Council (A/47/289-E/1992/68) in July 1992. At that session, the Council discussed, inter alia, coordination of the policies and activities of the specialized agencies and other bodies of the United Nations system related to the prevention and control of HIV/AIDS and programmes for mitigation of its negative socio-economic consequences. The Council adopted resolution 1992/33 of 30 July 1992, by which it endorsed the updated global strategy as the global policy framework, 4/ endorsed the recommendations of the Management Committee of the Global Programme on AIDS, adopted in June 1992, concerning coordination of HIV/AIDS activities at both the global and country level, and requested all relevant organizations of the United Nations system to collaborate in carrying out those recommendations 5/ (five United Nations system organizations are members of this Management Committee: UNICEF, UNDP, UNFPA, UNESCO and the World Bank). The General Assembly endorsed the action taken by the Economic and Social Council through the adoption of resolution 47/40 of 1 December 1992. In response to paragraph 4 of the Council's resolution, the following information is provided on further developments concerning coordination of HIV/AIDS activities at the global and country levels.

100. In accordance with the request of the Management Committee at its meeting in June 1992, WHO prepared, with the active participation of the five United Nations system members, as well as other Management Committee members (donor Governments, developing countries) and non-governmental organizations, proposals related to country-level and global-level coordination for consideration at the Committee's extraordinary meeting in November 1992. Those proposals concerned (a) the establishment of an inclusive consultative mechanism at the global level, which would include developing countries, the United Nations system, other intergovernmental organizations, bilateral donors, and non-governmental organizations working in AIDS; (b) the strengthening of the Inter-Agency Advisory Group on AIDS as the primary coordinating body of the United Nations system; and (c) mechanisms for country-level coordination, whether new or improvements of existing mechanisms.

101. After in-depth consideration of the proposal submitted for global-level coordination, the Management Committee, at its extraordinary meeting in November 1992, recommended the establishment of a special global Task Force on HIV/AIDS Coordination and proposed terms of reference for its operation. The membership of the Task Force is as follows: three representatives of Governments cooperating with external support agencies; three representatives of Governments contributing financially to international AIDS activities; three representatives of the Inter-Agency Advisory Group on AIDS; and three representatives of non-governmental organizations working in AIDS. Its terms of reference are to encourage the exchange of information, provide a focal point at the global level to address coordination issues and concerns, actively promote coordinated implementation of policies and programmes, monitor the mobilization and distribution of global resources for AIDS-related activities, identify coordination issues among external support agencies of urgent concern at various levels, prepare a comprehensive biennial report summarizing the HIV/AIDS-related

activities of major external support agencies, and organize special meetings on key issues. At its first meeting, held on 22 and 23 February 1993, the Task Force drew up a workplan for an initial two-year period.

102. The Management Committee further endorsed, at its extraordinary meeting in November 1992, the proposal developed during inter-agency consultations with UNICEF, UNDP, UNFPA, UNESCO, the World Bank and WHO, to strengthen the role of the Inter-Agency Advisory Group on AIDS (IAAG) as the primary coordinating body of the United Nations system, which had been adopted by IAAG at its fifth annual meeting in New York on 3 and 4 November 1992. The key elements of this strengthening are as follows: IAAG would meet twice a year; chairmanship would rotate annually among all members of IAAG, and accountability of the activities of the members of IAAG would be improved through regular reporting and sharing of existing workplans. There would be no change in the objectives of IAAG, the role of the secretariat would continue to be assumed by WHO, membership would remain open to all agencies and organizations of the United Nations system, and a report by the secretariat with input from all members on their HIV/AIDS activities would continue to be submitted to the Economic and Social Council and the General Assembly of the United Nations. As indicated in paragraph 101, three members of IAAG are members of the Task Force on HIV/AIDS Coordination set up by the Management Committee of the Global Programme on AIDS, namely UNDP, the World Bank and WHO.

103. The process carried out by WHO concerning mechanisms and instruments for country-level coordination, in response to the Management Committee's request in June 1992, comprised a rapid assessment of existing mechanisms: six country studies carried out by three multidisciplinary teams, with members from bilateral donors, the United Nations system and non-governmental organizations; and extensive discussions with other partners within and outside the United Nations system. At its extraordinary meeting in November 1992, the Management Committee reviewed the report by the three teams and the overall report by WHO on the assessment process and recommended the development of a framework of guiding principles for HIV/AIDS coordination at the country level. It stated that the following elements should be taken into account in the development of the framework:

(a) The fact that, while coordination cannot be imposed, mechanisms to facilitate coordination and the cooperation process should be clearly defined and established;

(b) The role of the United Nations Resident Coordinator;

(c) The need for flexibility;

(d) The need for skills and training to facilitate the coordination process;

(e) The importance of maintaining the trust of affected communities. The Task Force included the development of this framework in its workplan for 1993-1994 and will present the finalized framework for endorsement to the Management Committee in May 1994.

Notes

1/ WHO AIDS Series No. 10, 1992.

2/ DPI/1251.

3/ E/CN.4/Sub.2/1992/10.

4/ World Health Assembly document A/45/29.

5/ GPA/GMC/92.14.